

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 26  
Registered No. 29

### 1. PLACE OF BIRTH

County Bila State Arizona  
Township Hayden or Village   
City Hayden No.  St.  Ward

### 2. Full name of child Maria Aguirre

If child is not yet named, make supplemental report, as directed

3. Sex female 10 plural births  4. Twin, triplet, or other  5. Number, in order of birth  6. Premature  Full term  7. Legitimacy yes 8. Date of birth June 9, 1932 (month, day, year)

9. Full name FATHER: Ray Aguirre 18. Full maiden name MOTHER: Manuela Barr

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden 19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

11. Color or race Mex 12. Age at last birthday 41 (Years) 20. Color or race Mex 21. Age at last birthday 42 (Years)

13. Birthplace (city or place) (State or country) Muskegon Mich 22. Birthplace (city or place) (State or country) Mapatlan Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. wife

16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work  25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work

17. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn

8. If stillborn, period of gestation  months or weeks  29. Cause of stillbirth  Before labor  During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) Charles B. Huerta, M.D.

Given name added from supplemental report  (Date of)  or  Midwife

Address Hayden Ariz Filed June 10, 1932 W.D. Ngil Registrar